

### CEHD International Collaborative Research Grant Application Form

Submit this application form by one of the following due dates along with your proposal.  
Applications must be received, at [tate-center@wmich.edu](mailto:tate-center@wmich.edu), by 5:00 p.m. on August 15,  
November 15, March 15, and June 15.

<b>Application</b>					
Applicant Name: Jennifer Foster					
Title: Associate Professor					
Department: Counselor Edu & Counseling Psychology					
Title of Proposal: The Positive Schooling Program for Student Mental Health and Wellbeing					
Amount Requested: \$3,000					
Dates of Project: November 2019 – November 2020					
<b>Evaluation Guidelines</b>					
<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	
The project purpose is clear.	5	4	3	2	1
The project has a solid literature base.	5	4	3	2	1
The proposed project has a detailed and feasible work plan.	5	4	3	2	1
The proposed project has a potential to yield research publications, external funding, and/or enrollment increases.	5	4	3	2	1
There is evidence for at least \$3,000 matching fund from a non-US collaborative institution.	5	4	3	2	1
The costs for the proposed budget are clearly itemized and justified (including the matching funds from the non-US collaborative institution).	5	4	3	2	1

## **The Positive Schooling Program for Student Mental Health and Wellbeing**

### **Project Purpose**

The Positive Schooling Program seeks to promote student mental health and wellbeing in Bengaluru, India through a strengths-based schooling intervention for children, teachers, and their parents/caregivers. The project is headed by Dr Aneesh Kumar, Assistant Professor in the Department of Psychology at Christ University in Bengaluru. The research has been approved by the university's research review board. As a component of the Positive Schooling Program, Dr. Jennifer Foster will collaborate with Dr. Kumar to provide trainings in sexual violence prevention and creating trauma-sensitive school environments in the fall of 2019 to teachers, administrators, and other staff. Additionally, Dr. Foster will conduct parent sessions on sexual abuse prevention and supporting children who have experienced trauma.

Student mental health and wellbeing is a matter of great concern. Indian students suffer from a range of mental health concerns, and poor mental health frequently manifests as problem behaviors and academic issues in schools (Foster, 2018; Kumar, Bhagyalakshmi, & Foster, 2018). Many of the mental health challenges stem from adverse childhood experiences, such as physical abuse, emotional abuse, sexual abuse, and neglect. To date, there are few programs that address student mental health at macro (school culture) and micro (classroom and teacher–student interaction) levels. Thus, a systems approach is necessary in order to be truly transformative for student wellbeing.

The Positive Schooling Program is an approach to create a healthier and safer school environment. Positive schooling places emphasis on inclusiveness, strengths-based education, developing character, creating a least restrictive environment, and fostering wellbeing of every member of the school community. It aims to create a positive culture where every student is afforded equal opportunities to learn and develop, while promoting positive teaching methods without the use of punishment and pressure. A strengths-based approach fosters an environment where students and teachers use positive ways to find solutions. This positive culture would promote peer support and collaboration while preventing bullying and abuse. Learners and educators would respect and support each other while focusing on strengths rather than weakness.

The Positive Schooling program will be administered at two middle schools (treatment) which serve students in grades 6-8. Data will simultaneously be collected from two middle schools (wait-list control), which will receive the program in the subsequent year. The four schools are comparable in size and population demographics and are all located within the city of Bengaluru.

The study will unfold in three phases. The first phase, which involved conducting needs assessments and establishing baselines is complete. Dr. Kumar conducted interviews with school management in March 2019 to attain their perspectives. Additionally, Dr. Kumar administered pre-tests to establish baselines for teachers (March 2019) and for students (May 2019). Phase two begins in the fall of the 2019-2020 school year. The program will be implemented in the treatment schools and will consist of parallel trainings for both teachers and students. Pending research approval, Dr. Foster will conduct her parent and teacher trainings during November of 2019. Phase three includes post-tests, which will measure the effectiveness of the intervention both at the end of the intervention year (May 2020) and at two follow-ups dates, which will examine longitudinal effectiveness. Outcomes measures of the project include: student mental health, subjective wellbeing, and perceived school environment. The Positive Schooling program aims not only to create a model of positive education, but also to develop an effective system that can respond preemptively and proactively to issues within the school community.

## **Literature Base for Sexual Violence and Trauma Sensitive Schools Training Interventions**

Sexual violence is a pervasive societal problem in India as well as worldwide that includes crimes of child sexual abuse (CSA) and sexual assault (SA). CSA involves “a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities” (USDHSS, 2013, p. 121). SA is sexual contact or behavior that occurs without explicit consent of the victim, and rape is one type of SA that affects both minors and adults. Sexual victimization (CSA and SA) is significant public health challenge that requires a multi-tiered approach. Although estimates of prevalence vary, one large scale study interviewed 12,447 Indian children and found over half reported sexually abusive experiences (Kacker et al., 2007). Furthermore, in the recently released Thomson Reuters Foundation survey (2018), India was ranked as the number one most dangerous country for women in part due to the extremely high rate of sexual violence.

To address the high rate of sexual victimization, this project will create, implement, and evaluate a comprehensive sexual violence prevention program for adults (parents and teachers/staff) associated with two local schools. Additionally, school personnel will receive training in creating a trauma-sensitive school (TSS) to address the needs of child victims of sexual abuse and other types of maltreatment. A TSS is a place where educators recognize the impact of trauma on neurobiological development, attachment, learning, and behavior and respond by building resilience and avoiding re-traumatization (Perry & Daniels, 2016; SAMSHA, 2015). A TSS employs trauma-informed practices that help children feel safe and connected, become self-regulated, and learn. (Alexander, 2016). Although this concept is beginning to be implemented in schools in the United States, the practice of TSS has not been applied to the Indian context. Pre-, post-, and follow-up surveys will assess the effectiveness of the trainings by measuring changes in knowledge, attitudes, and protective behaviors. A train the trainer model will allow for an Indian colleague to co-teach the trainings so that the wait-list control schools can receive training in the following year.

## **Timeline and Detailed Plan for Achievement**

**Summer 2019:** Dr. Foster will focus on curriculum modification for three trainings: Sexual Violence Prevention for Schools (SVP-S), Sexual Violence Prevention for Parents/Caregivers (SVP-P), and Trauma Sensitive Schools (TSS). All three trainings have been previously delivered by Dr. Foster in the local Kalamazoo community. Dr. Foster will consult with Dr. Kumar and other Indian colleagues to modify the curriculums for an Indian audience. Additionally, pre/post surveys will be developed for trainees (parents and school personnel) to measure changes in knowledge, attitudes, and behaviors. Human subjects Institutional Review Board approval will be obtained for research on the effectiveness of the trainings. Community contacts will be made to schedule survey administration and trainings at the participating schools.

**Fall 2019:** Pre-test surveys will be delivered at all four schools. All groups will be administered the Child Sexual Abuse Myth Scale. This scale is composed of 15 items, which participants rate on a 7-point Likert scale from Strongly Agree to Strongly Disagree. Scores range from 7 to 105, which higher scores indicating adherence to myths about sexual abuse. The Child Sexual Abuse Myth Scale has good test-retest reliability ( $r = .87$  for 1 month) and adequate internal consistency (Cronbach's  $\alpha = .76$  in Collings 1997). Additional items will be created to expand this scale to include sexual assault. Items will also be developed to explore participants' attitudes related to sexual victimization and current activities/behaviors to promote the safety of children. The parent/caregiver trainings will utilize a modified version of a survey administered by Wurtele and colleagues (2008), which measured the effectiveness of a sexual abuse prevention training with parents. The questions include personal CSA experiences and previous prevention

activities with children, questions related to knowledge about individuals who commit sexual crimes, and questions measuring agreement with the program's goals. Reliability and validity information has not yet been established for this assessment tool. Permission has been obtained from the author to utilize and modify this instrument.

Following the pre-test survey, six trainings will be delivered (three at each intervention schools): (1) Sexual Violence Prevention for Schools (SVP-S), (2) Sexual Violence Prevention for Parents/Caregivers (SVP-P), and (3) Trauma Sensitive Schools (TSS) (see Table 1 for an overview of program components, process, and literature supports). Role plays, handouts, and experiential activities will be used to increase participants' ability to apply what they are learning. This is especially important as didactic instruction alone does not impact behavior change (one of the goals of the training) unless it is combined with discussion, case studies, and experiential practice (e.g., role plays and simulations) (Sloboda & Bukoski, 2003). Immediately following the training a post-test will be administered to all groups.

**Winter 2020:** Data will be examined to measure the effectiveness of the trainings and make improvements for future trainings. Additionally, strategies to reach a larger audience (e.g., web-based trainings) will be explored.

**Spring/Summer 2020:** Six month follow-up will assess environmental changes, retained knowledge, and changed attitudes and protective behaviors. Participants will be contacted by email using the email address provided during the fall training. Incentives will be used (pending HSIRB approval) to increase the number of individuals who submit follow-up surveys. The incentives will be provided to those who submit their name on a separate page following completion of the survey. All survey data will be analyzed using statistical software to assess efficacy.

**Table 1: Components of the Training Programs**

Training Elements: Content and Procedures	Empirical Literature Support
<b>Content</b>	
1. Understand facts, myths and warning signs of sexual victimization	Henry & Powell, 2015ab; Foster, 2011
2. Identify sexual offenders and how they operate	van Dam, 2001, 2006
3. Discover developmentally appropriate ways to talk with children and adolescents about safety	Wurtele et al., 2008; Wurtele, 2009; Wurtele & Berkower, 2010
4. Practice how to respond to a disclosure of sexual victimization	Foster, 2017; Foster & Hagedorn, 2014
5. Increase confidence advocating for children's safety from sexual harm in homes, schools, religious organizations, and the community	Carson, Foster, & Chowdhury, 2015; Wurtele & Berkower, 2010
6. Identify evidence-based trauma sensitive strategies to implement in classrooms and school-wide	Alexander, 2016; Perry & Daniels, 2016; SAMSHA, 2015
<b>Process</b>	
1. Challenging myths and previously held beliefs through presenting alternative information	Foster, 2011
2. Use of experiential exercises including role plays, case studies, and simulations	Pasco et al., 2012; Sloboda & Bukoski, 2003

**Dissemination of Results:**

This large-scale, school-based project has the potential for several scholarly publications and subsequent grants. Dr. Foster will be the first author on manuscripts related to the teacher and parent trainings with Dr. Kumar serving as a co-author. Dr. Foster will also assist Dr. Kumar with preparation of manuscripts reporting school-wide data from the positive schooling program. Additionally, Drs. Foster and Kumar have discussed applying for further grant funding that would expand the current project to additional schools to train and support teachers, improve children's mental health, and increase children's safety.

Publications from this proposed research will add to Dr. Foster's research in the area of child sexual abuse, which includes 34 presentations and 14 publications on the topic. Of these publications, five have focused specifically on India, where child sexual abuse is serious and widespread. Dr. Foster's publications with Indian colleagues have added to the scant literature on CSA in India. Additionally, this research builds on Dr. Foster's prevention program titled "Partnering with Families to Prevent Child Sexual Abuse" that was delivered in Bangalore in the fall of 2016 to over 400 professional helpers, teachers, and parents/caregivers. Follow-up survey data indicated that the trainings increased participants' knowledge about CSA and improved protective behaviors. Yet, a limitation of the training was the low follow-up response-rate (24%).

This project has the potential to increase Dr. Foster's visibility as an emerging expert on sexual violence prevention strategies in India and would provide a new line of inquiry in a school-based project with Dr. Kumar. Furthermore, it affords the opportunity to train teachers/staff in creating trauma sensitive schools, which has not been investigated in the Indian context.

**Evidence for Matching Funds:**

Dr. Kumar has secured funding for the Positive Schooling Program through the Center for Research at Christ University. This covers project costs (copies of instruments) and compensation for time. Additionally, Dr. Kumar has secured permission to host Dr. Foster during her travels. The Bengaluru lodging per diem as of June 2019 is 352.00/night and meals and incidentals are 141.00/day. Christ University has also agreed to pay for local travel (to/from the schools). Please see the email below sent from Dr. Kumar:

From: Aneesh Kumar Psychology <aneesh.kumar@christuniversity.in>  
Sent: Tuesday, January 8, 2019 1:58 AM  
To: Jennifer M Foster  
Subject: Re: Fw: CEHD International Collaborative Research Grant Program

Hi Jen

Happy New Year! I am good. Hope you are keeping good.

It great to hear from you, especially for the two publications. Happy to be associated with both ventures. The grant opportunity is a great one. I would be happy to be work on it. We could try and focus on teachers/ parents. I am currently having a research project on student mental health which is funded by Christ University. Can we try and match with this project? This is pre-post one-year positive schooling intervention. I can add an aspect of capacity building for teachers/parent management and try to incorporate our plan. We can host you at our University and bear the accommodation, local travel and food costs while you are in Bengaluru, India. Let me know what you think.

Warm regards,  
Aneesh

**Budget Items and Justification:**

(Redacted)

**Summary:** Sexual victimization is widespread in India, and many children in India's schools have experienced sexual abuse (Kacker et al., 2007). Sexual abuse is "an extremely complex social problem that will require comprehensive solutions to eradicate" (Wurtele et al., 2008, p. 338-339). Prevention begins with education. The proposed comprehensive trainings are the first known programs in India aimed at providing adults with the knowledge and skills needed to reduce incidences of sexual victimization. Furthermore, the trainings equip school personnel with evidence-based strategies for creating trauma sensitive environments for children who have experienced maltreatment. The proposed research has the potential of creating positive change in the school environment through innovative strategies targeting children, teachers, and parents and provides an opportunity for collaboration with Dr. Kumar on a large-scale school-based intervention.